Rhode Island Department of Health

Public Health Briefings

Proposed Prostate Cancer Screening Recommendations -- Clarified

Michael Fine, MD, Barry Stein, MD, Joann M. Lindenmayer, DVM, MPH
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Michael Fine, MD is a Family Practitioner at Hillside Avenue Family and Community Medicine. Barry Stein, MD is Surgeon in Chief, Department of Urology, Rhode Island Hospital, and Professor and Chief, Division of Urology, Brown University School of Medcine. Joann Lindenmayer, DVM, MPH is Chronic Disease Epidemiologist, Rhode Island Department of Health, and Clinical Assistant Professor of Community Health, Brown University School of Medicine.

Objective

In 1996 the Rhode Island Department of Health assembled an Expert Panel on Cancer Screening to advise the Department on revising the State's current cancer control plan, published in 1989. (1) After reviewing the current screening recommendations of national organizations and the most recent pertinent literature, the Panel proposed a recommendation for prostate cancer screening, inviting comments from the health care community. (2) On the basis of comments received, the proposed recommendation for prostate cancer screening has been clarified.

Methods

- Review current prostate cancer screening recommendations of national organizations.
- Review the most recent literature pertinent to prostate cancer screening.
- Discuss.
- Propose prostate cancer screening recommendations for the State's cancer control plan.
- Write a simple rationale for the proposed prostate cancer screening recommendations.
- Invite comments on the proposed recommendations and rationale.
- Study comments received.
- Clarify proposed recommendations.

Original Recommendations

- PSA and DRE should be offered annually starting at age 50 to men with at least a 10-year life expectancy and to younger men (i.e., age 45) who are

at high risk (i.e., men with a family history of prostate cancer and African-American men). Information should be provided about potential risks and benefits.

Clarified Recommendations

- **Primary care providers should inform men ages 45 and over about the known risks and potential benefits of prostate cancer screening with the PSA and DRE, and make available annual screening with PSA and DRE to men ages 50 and over with at least a 10-year life expectancy and to men ages 45 and over with a high risk of developing prostate cancer (i.e., men with a family history of prostate cancer and African-American men) who, after considering information about the known risks and potential benefits of prostate cancer screening, request to be screened.**

Rationale for the Clarification

The comments received about the original recommendation indicated that it may be interpreted as as a promotion of prostate cancer screening. It was not intended as such. Rather, the intent was primarily to inform middle age and older men about the risks and benefits of prostate cancer screening, and secondarily to make screening available to those men who request to be screened, if they fall into certain categories of risk and life expectancy, and after they have been fully informed. Accordingly, the recommendation was rewritten to clarify the proposed roles of the primary care provider and the patient, and to emphasize that the risks of prostate cancer screening are known, while the benefits are potential. As clarified, the recommendation is consistent with the majority of the current recommendations for prostate cancer screening in North America. (2)

Suggested Talking Points for Patient Counseling

In accordance with the recommendation to inform men about the known risks and potential benefits of prostate cancer screening, the following talking points for patient counseling are offered:

- Screening for prostate cancer has become common in the United States, because it is useful in finding prostate cancer early. However, it is not clear whether or not finding prostate cancer early helps most men, for a number of reasons.
- First, it is very difficult to predict what prostate cancer will do. On the one hand, a large majority of men will develop prostate cancer before they die. Most won't die from it, or even know they have it. They have slow-growing prostate cancer. On the other hand, prostate cancer does kill many men. They have fast-growing prostate cancer. When we find prostate cancer early, in most cases we can't tell if it will be slow-growing or fast-growing.

- Second, if we decide to treat it, we are not sure if our treatment will cure it. We think that early detection and removal of fast-growing prostate cancer saves lives, but we are not sure, because we can't be sure that the prostate cancer would have been fast growing and would have killed a man had it not been removed.
- Third, we are sure, however, that many men who are treated for prostate cancer will have undesirable side effects from the treatment. Some men who are treated become unable to control urination temporarily or permanently. Some become impotent.
- Fourth, the new test used to find prostate cancer early -- the PSA test -- is not perfect. It sometimes indicates that a man has prostate cancer when he really doesn't have it. This is called a false positive test result. This means that unless further testing is done, a man will not know whether he really has prostate cancer or not. When this happens, a man gets worried and has to have additional testing -- perhaps for nothing.
- So should we go ahead and look for prostate cancer? Experts are split on this question. On the one hand, the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention recommend against routine screening, sometimes referred to as widespread or mass screening. This means that they recommend against screening for every man. It does not mean that they recommend against screening for all men. On the other hand, the American Cancer Society and the American Urological Association recommend annual screening for prostate cancer in African American men ages 40 and over, in men ages 40 and over with a family history of prostate cancer, and in all other men ages 50 and over, using the digital rectal examination and the PSA test.
- Many scientists are studying prostate cancer screening and treatment. In a few years, we ought to know much more about how to tell slow-growing cases from fast-growing cases, about whether or not our treatments are effective, and about who to screen for prostate cancer.
- Until then, the decision rests with a man, helped by his primary care provider. It is a personal decision, not a medical one. If you are the sort of person who would want to know if you had cancer, even if we are unsure that it needs to be treated, and that the benefits of treatment will outweigh the risks, then you may want the test. If you are the sort of person who wouldn't want to know if you had cancer, unless we could be sure it needs to be treated, and that the benefits of treatment outweigh the risks, then you may not want the test.

References

1. Rhode Island Department of Health. *Cancer Control Rhode Island. Plan for 1990-1992.* Providence, RI: Rhode Island Department of Health, 1989.
2. Stein B, Lindenmayer JM. Proposed prostate cancer screening recommendations. *Medicine and Health, RI.* 1997;80(10):343-345.